

THE SYRINGE EXCHANGE PROGRAMME IN PORTUGAL

CARLA TORRE



VIRAL HEPATITIS PREVENTION BOARD MEETING

LISBON, PORTUGAL, 18 – 19 NOVEMBER 2010





DISCLOSURES

- Pharmacoepi. at CEFAR - Centre for Health Evaluation & Research (National Association of Pharmacies Group).
- I accept no personal compensation from any pharmaceutical companies.
- The views and opinions presented reflect my personal opinion and not necessarily the views of institutions or organizations with which I am or have been affiliated with.

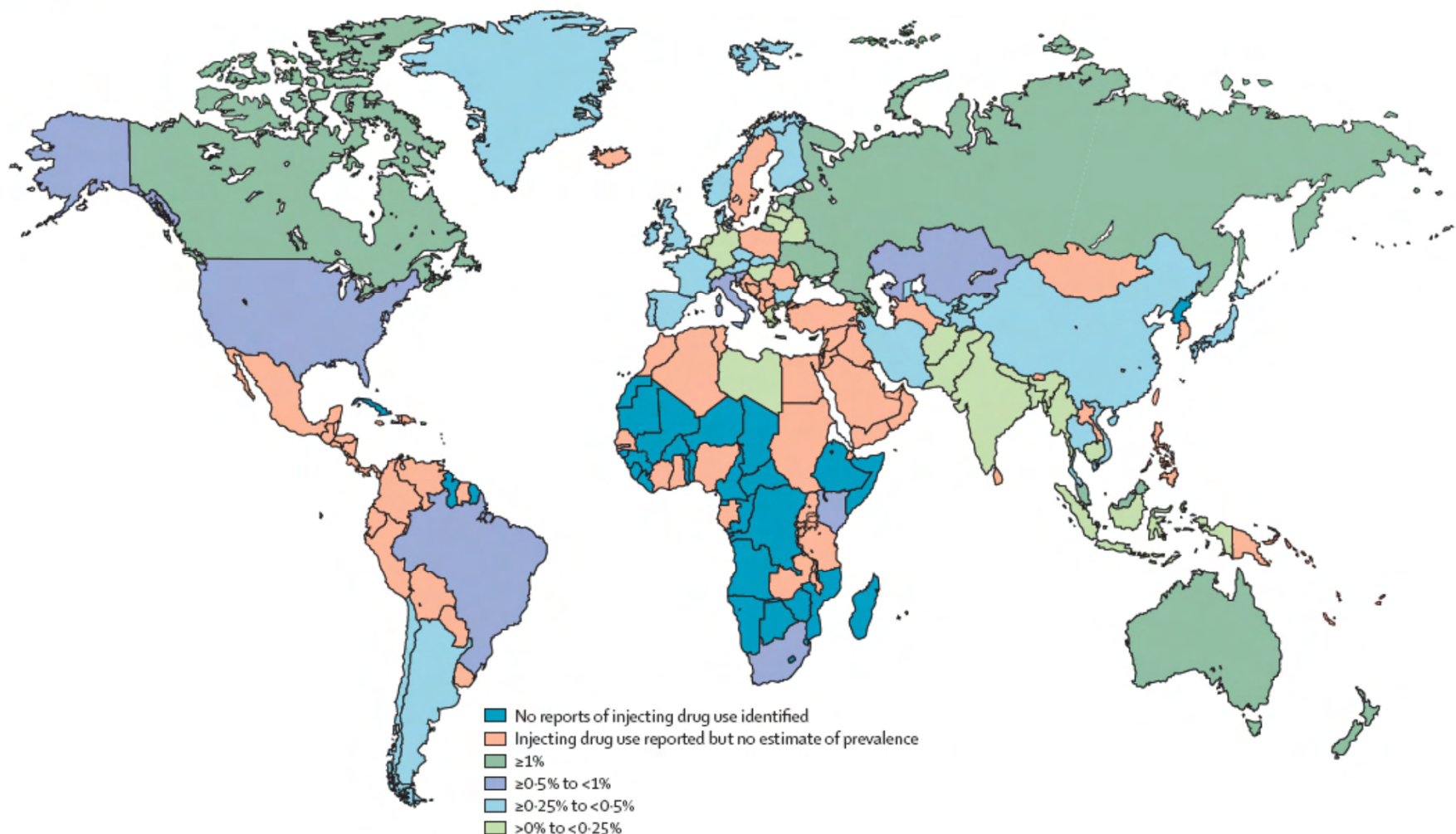


OVERVIEW

1. Epidemiology of IDU and HIV and HCV among IDU
2. A Timeline of SEP in Portugal
3. Trends in Syringes Distribution and Collection
4. Process Characterization by the SEP Providers
5. SEP Written Best Practices



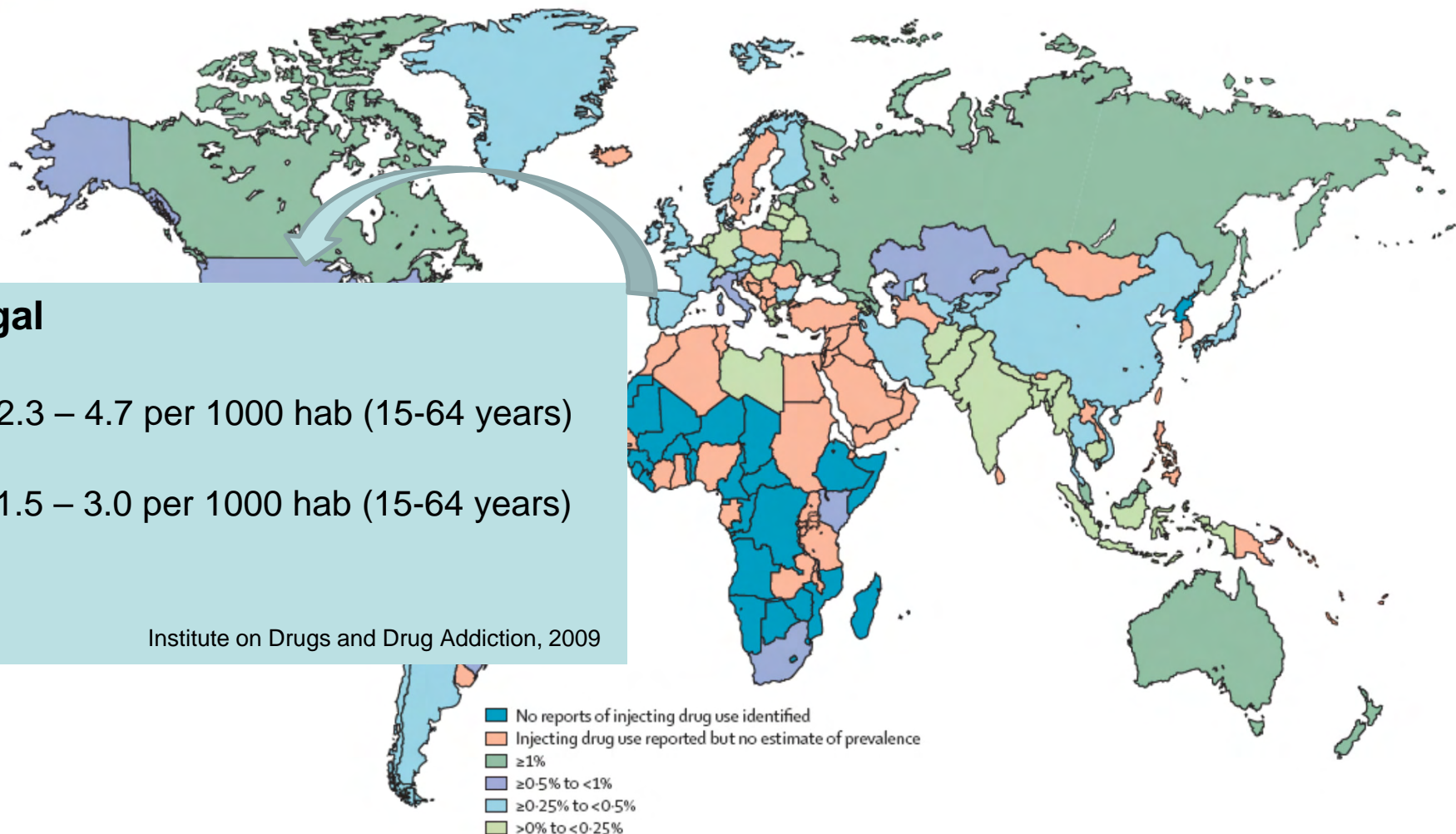
PREVALENCE OF INJECTING DRUG USE



Mathers BM, *et al.* Global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. *Lancet*. 2008 Nov 15;372(9651):1733-45.

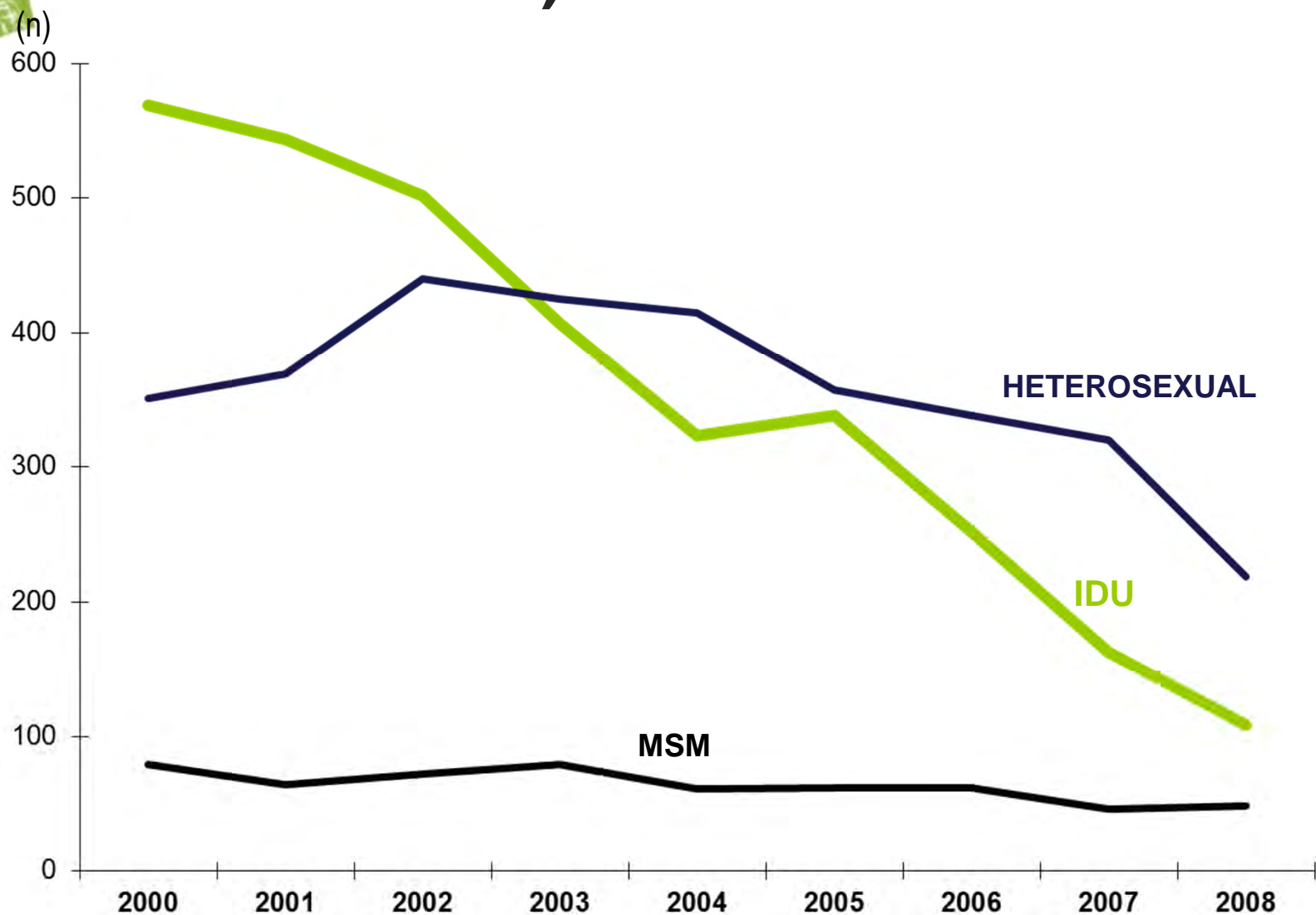


PREVALENCE OF INJECTING DRUG USE





AIDS CASES 2000-2008 (BY MODE OF TRANSMISSION)





OVERVIEW

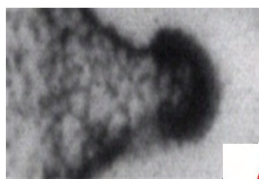
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A TIMELINE OF SEP IN PORTUGAL

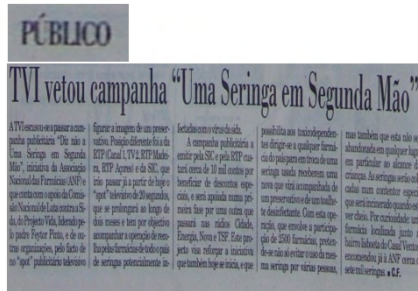
1983

1st AIDS case in a
Portuguese citizen





A TIMELINE OF SEP IN PORTUGAL



1993

A pilot SEP
was launched

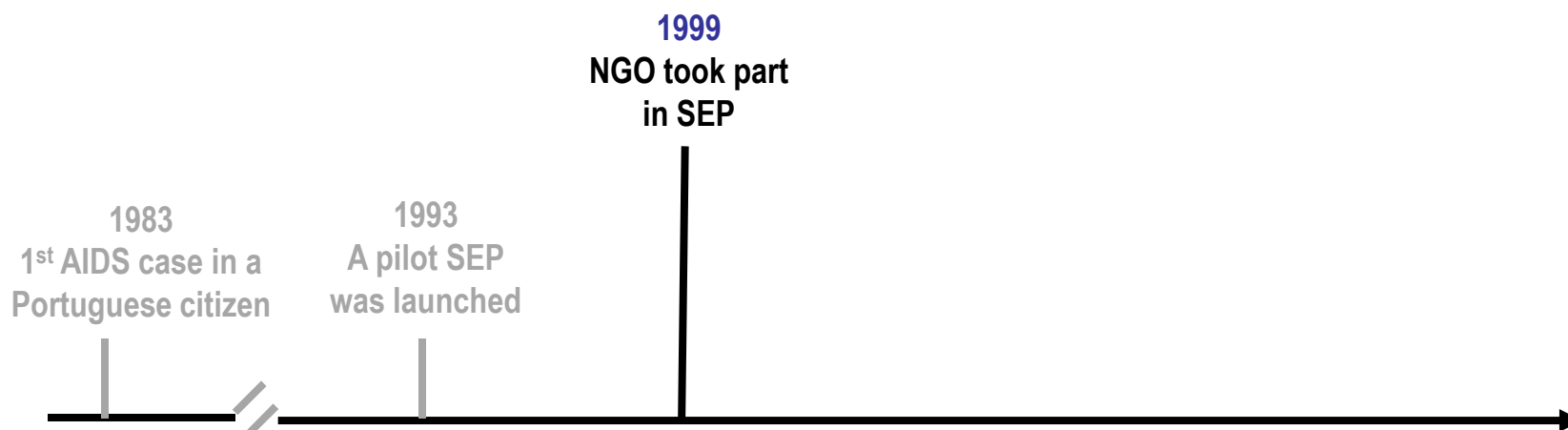
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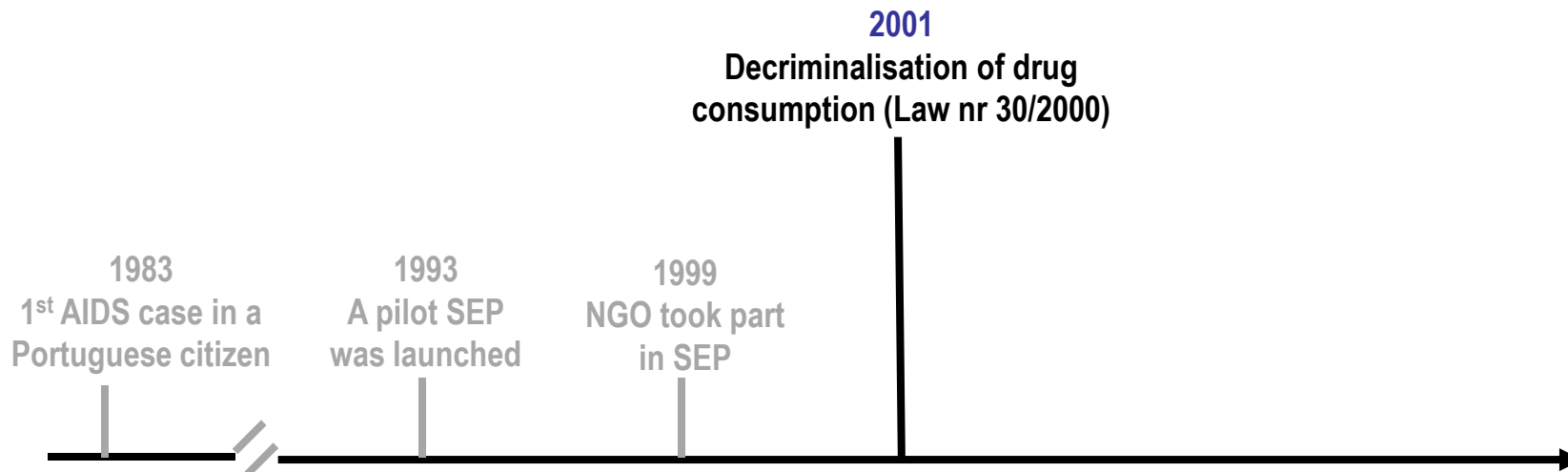


A TIMELINE OF SEP IN PORTUGAL





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2001
Consumption rooms
(Decree-Law nr 183/2001)

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Decriminalisation of
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NGO took part
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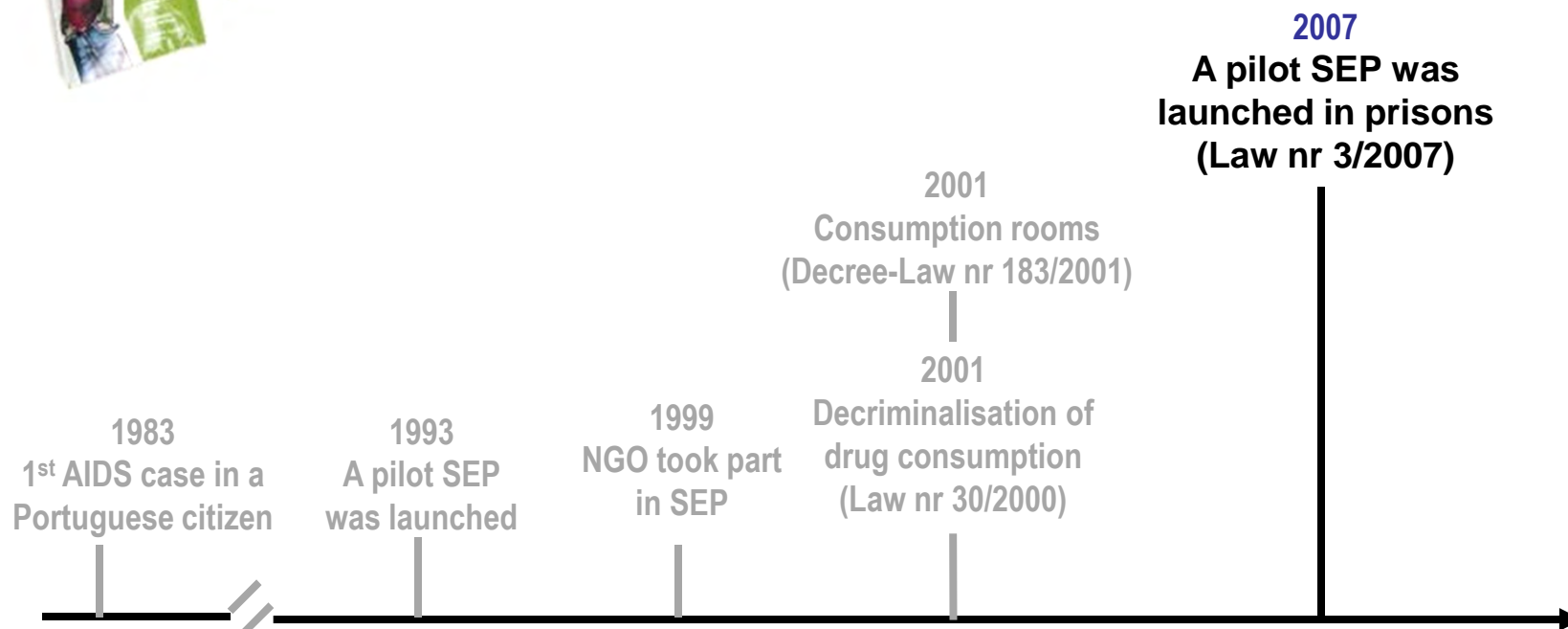
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A TIMELINE OF SEP IN PORTUGAL





A TIMELINE OF SEP IN PORTUGAL

THE EVOLUTION OF PORTUGUESE KITS

1st KIT
1993



2nd KIT
1998



3rd KIT
2007/8





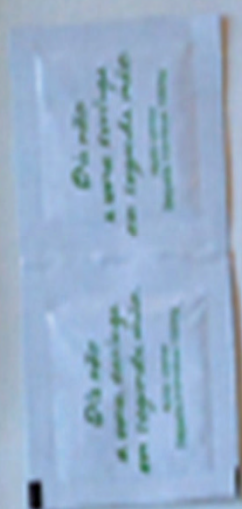
PROGRAMA
Diz não
a uma seringa
em segunda mão

Kit PREVENÇÃO SIDA

Uma seringa usada
pode ter o vírus
da sida.

Não partilhe
a tua seringa.

Tropeça numa
terceira.



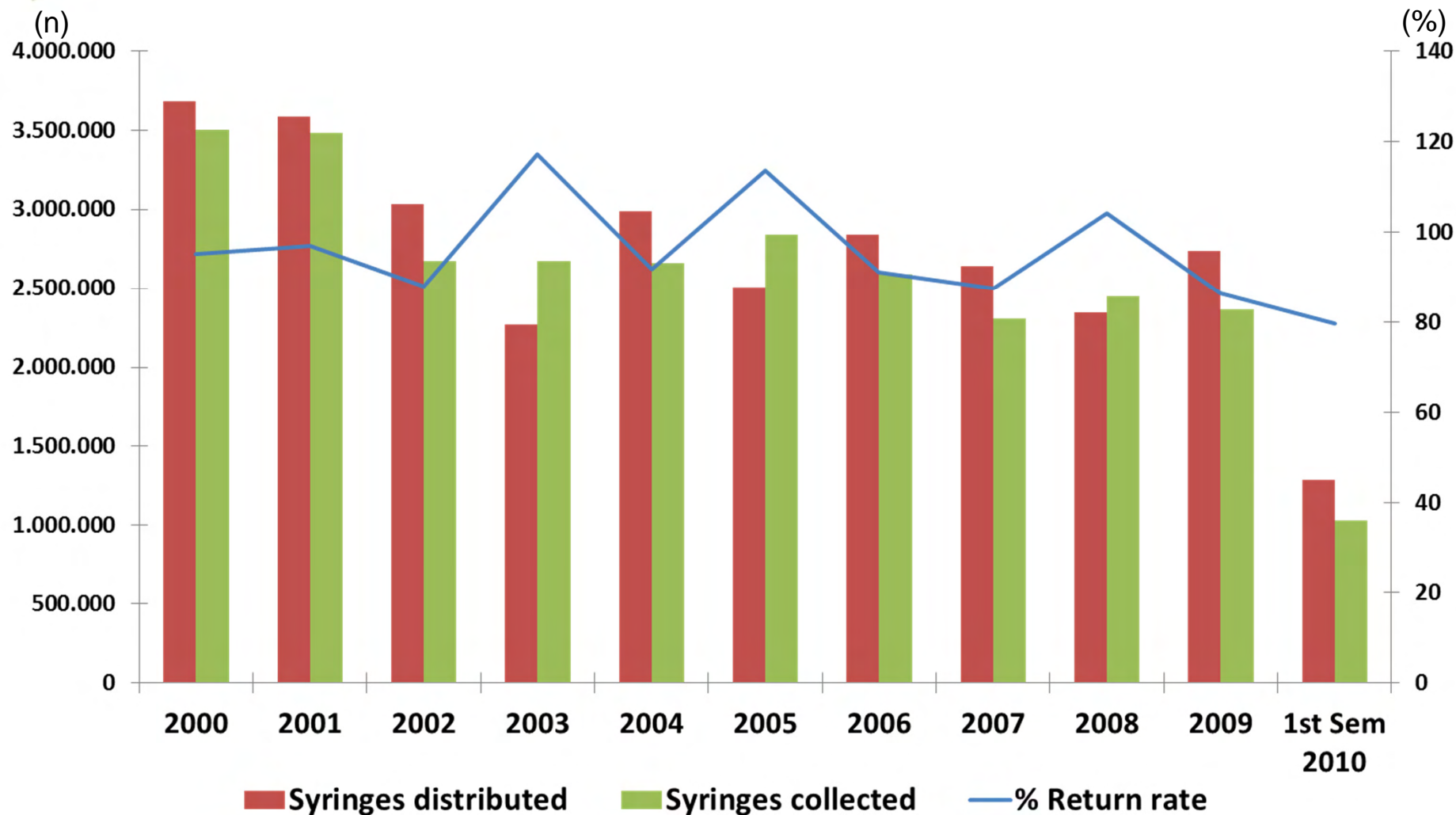


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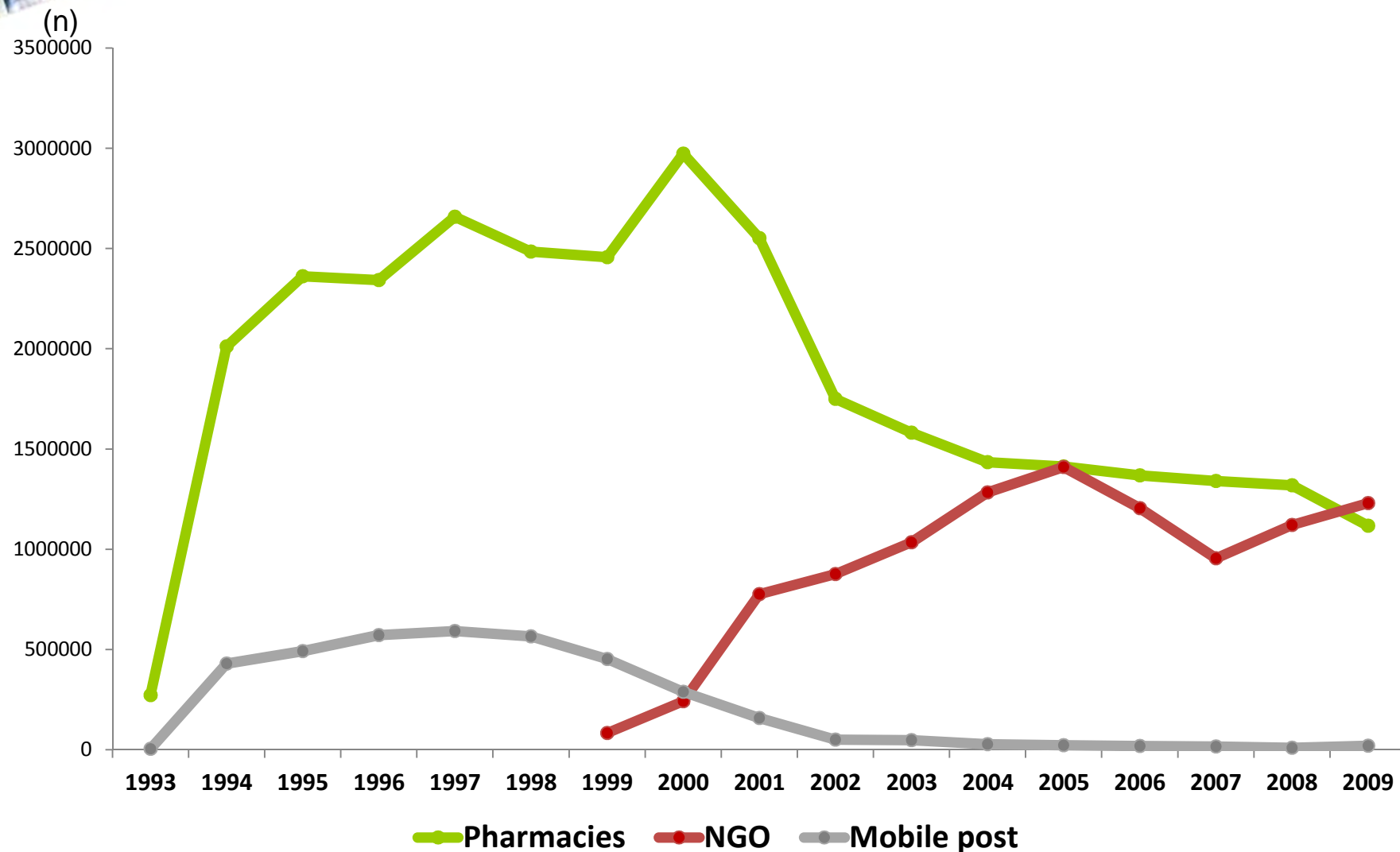
SYRINGES DISTRIBUTED AND COLLECTED





SYRINGES COLLECTED

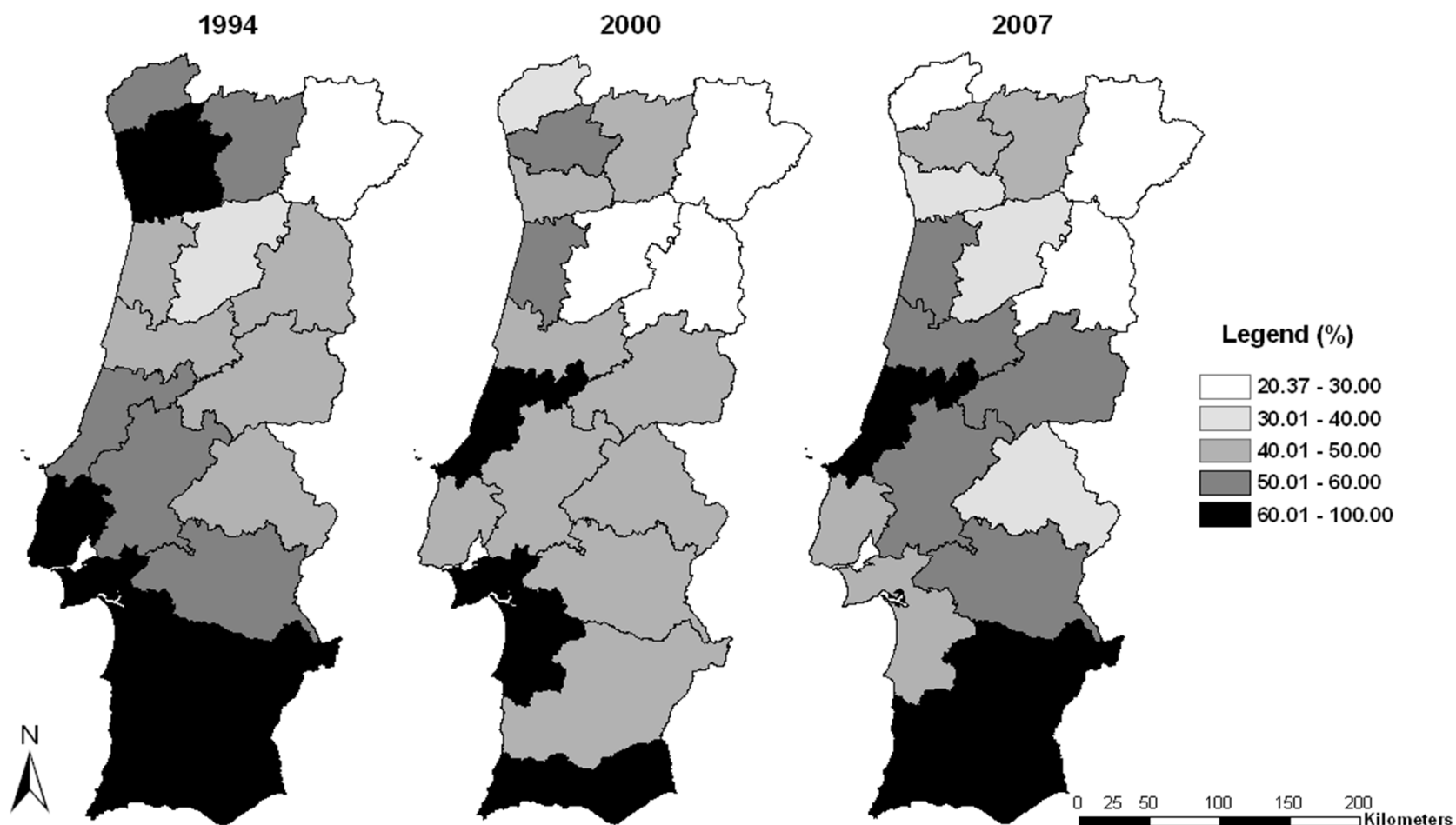
PHARMACIES, NGO AND MOBILE POST





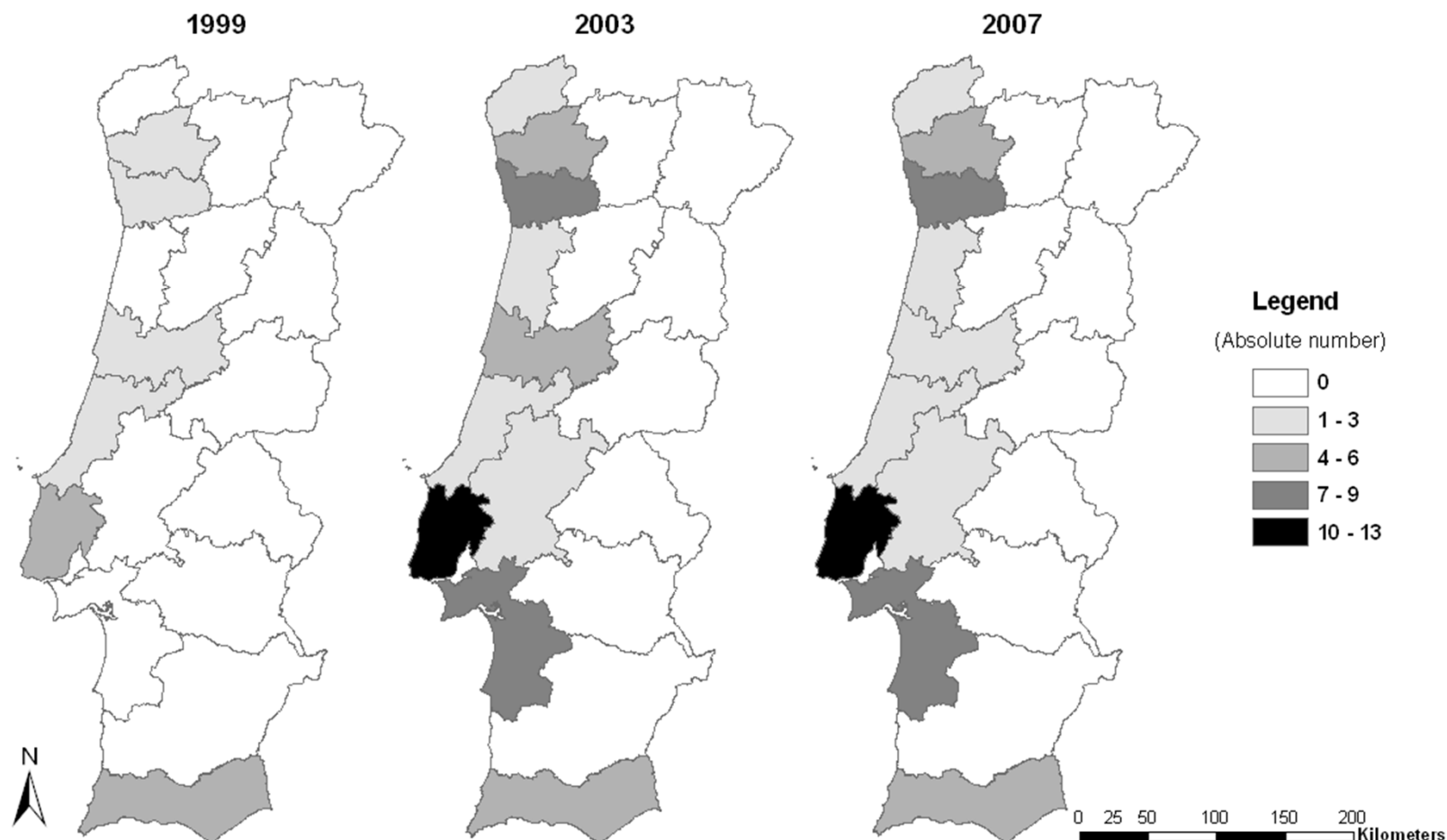
PHARMACIES INVOLVEMENT IN SEP

Trends in the distribution of pharmacies involved in the SEP (%)
District level



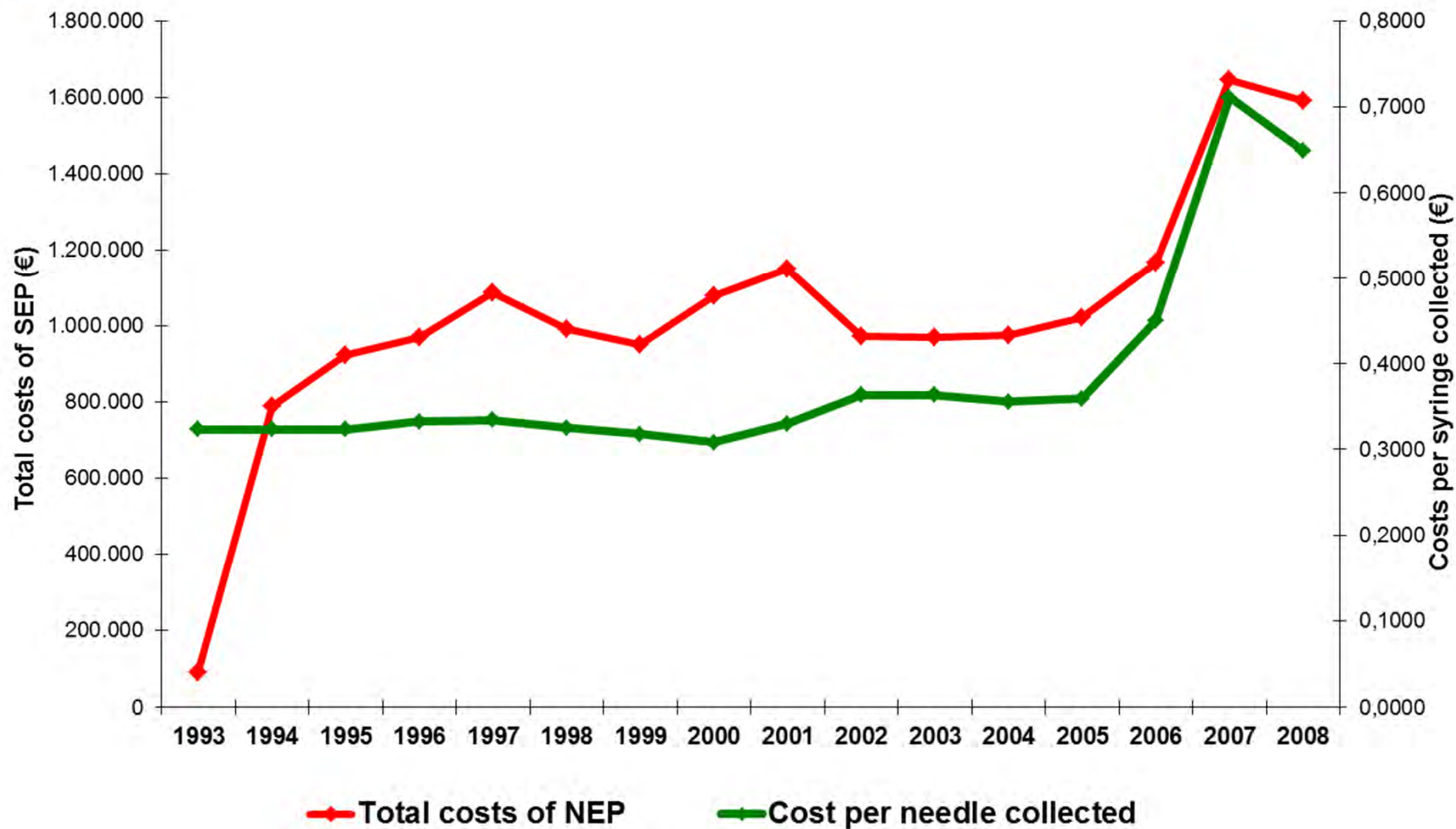


SEP POINTS RUN BY NGO





SEP Costs





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SERVICES PROVIDED FOR IDU BY PHARMACIES

Table 1
Distribution of pharmacies currently, previously and never involved in SEP according to setting, provision of other services for drug users and perceived needs for programme improvement.

	Total n (%)	Pharmacies' involvement in SEP		
		Never n (%)	Past n (%)	Current n (%)
Setting				
Urban	806 (52.4)	122 (50.4)	262 (68.6)	422 (46.2)
Suburban	375 (21.4)	56 (23.1)	60 (15.7)	259 (28.3)
Rural	329 (24.4)	58 (24.0)	54 (14.1)	217 (23.7)
Methadone programme				
No	1335 (86.8)	222 (91.7)	335 (87.7)	778 (85.1)
Yes	181 (11.8)	15 (6.2)	40 (10.5)	126 (13.8)
Sale of syringes				
No	222 (14.4)	42 (17.4)	37 (9.7)	143 (15.6)
Yes	1172 (76.2)	170 (70.2)	313 (81.9)	689 (75.4)
Does not know	111 (7.2)	18 (7.4)	20 (5.2)	73 (8.0)

Torre C, Lucas R, Barros H. Syringe exchange in community pharmacies —The Portuguese experience. International Journal of Drug Policy (2010), doi:10.1016/j.drugpo.2010.09.001



SERVICES PROVIDED FOR IDU BY NGO

SERVICES (n=25)	N (%)
Counselling and testing on-site	
HIV	11 (44.0)
Hepatitis B	5 (20.0)
Hepatitis C	4 (16.0)
Hepatitis A	4 (16.0)
Other sexually transmitted infections (STI)	3 (12.0)
Hepatitis B vaccination	8 (32.0)
Hepatitis A vaccination	2 (8.0)
Primary care/nursing care	22 (88.0)
Methadone maintenance treatment	11 (44.0)
ARV, TB and methadone treatment	11 (44.0)
Referrals to drug treatment centres and health and social services	25 (100.0)
Personal hygiene	18 (72.0)
Food	16 (66.7)



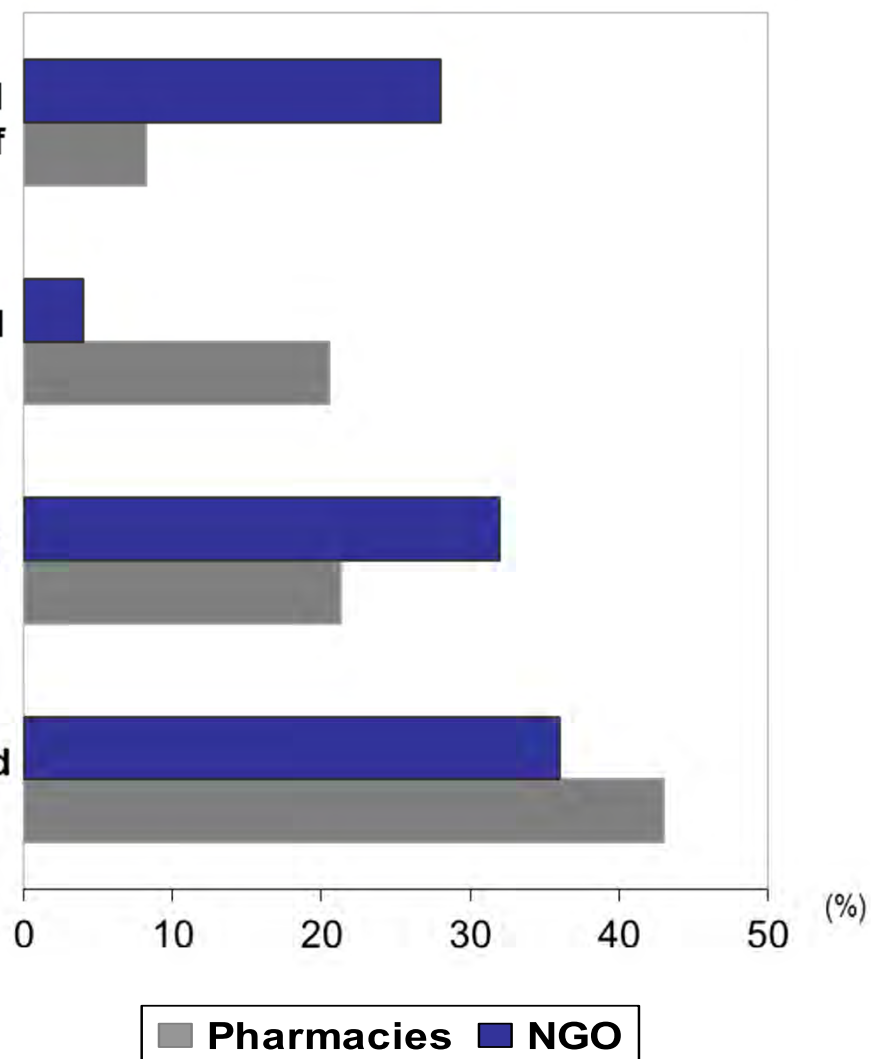
INJECTING EQUIPMENT POLICIES

Unlimited number of kits distributed without regard to the number of syringes returned for disposal

Unlimited number of kits distributed and return of at least one used syringe

Limited number of kits distributed following a strict one-for-one exchange

Unlimited number of kits distributed following a strict one-for-one exchange





INJECTING EQUIPMENT POLICIES

- 2/3 of pharmacies and 2/3 of NGO involved in SEP followed a strict “one-for-one” policy
- 21% of pharmacies and 32% of SEP run by NGO established limits on the number of syringes distributed per visit
- 21% of pharmacies had refused SEP provision at least once over the 12 months period prior to completing the survey:
 - 80% refused IDU who had no used syringe to return
- 32% of SEP run by NGO had refused SEP provision at least once over the 12 months period prior to completing the survey:
 - 100% refused IDU who had no used syringe to return.

0 10 20 30 40 50 (%)

■ Pharmacies ■ NGO



OVERVIEW

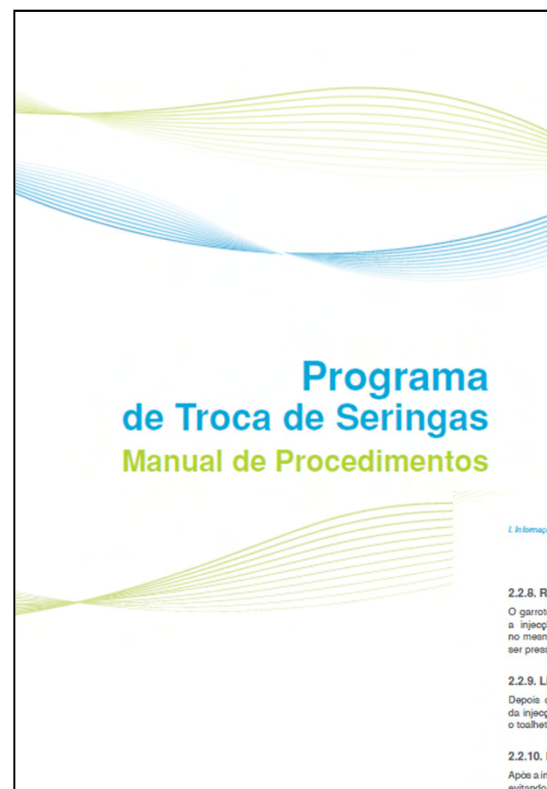
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SEP WRITTEN BEST PRACTICES

2008-2009

- National Coordination for HIV/AIDS
- IDU
- Institute on Drugs and Drug Addiction
- National Association of Pharmacies
- NGO involved in SEP
- Community-Pharmacies
- Universities



1. Informação e Educação para um Consumo sem Menos Riscos

2.2.8. Retirar o garrote

O garrote deverá ser retirado antes de a substância ser injectada. Após a injeção, o UDI poderá então retirar, cuidadosamente, a seringa no mesmo ângulo em que esta foi colocada. O local de injeção deverá ser pressionado para sustentar a hemorragia.

2.2.9. Limpeza do local de injeção

Depois de o pressionar e assegurando que a hemorragia decorrente da injeção se encontra contida, o local de injeção deve ser limpo com o toalhete desinfectante.

2.2.10. Destino do material utilizado

Após a injeção, o UDI nunca deve deixar o material utilizado ao abandono, evitando picadas acidentais e/ou que seja utilizado por outro UDI.

A seringa deve ser acondicionada de forma a não ocorrer picada acidental, utilizando por exemplo os tubos de cartão disponibilizados pelo PTS.



Figure 2. Manual de Redução de Riscos para Utilizadores de Drogas Injectáveis



THE THREE S'S STRATEGY

SIZE

More clean syringes are better than fewer clean syringes;

SMILES

Exchanges should be “user friendly” and create a welcoming environment;

SERVICES

In addition to exchange, SEP are a proven method for delivering other needed health and social services to IDU population.



ACKNOWLEDGMENTS

- Carla Caldeira (National Association of Pharmacies)
- Maria José Santos (National Coordination for HIV/AIDS)

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